



Camp Howe  
P.O. Box 326  
Goshen, MA 01032  
[office@camphowe.com](mailto:office@camphowe.com)  
[www.camphowe.com](http://www.camphowe.com)  
413-549-3969

Dear Campership Applicant:

Thank you for your recent inquiry into our campership award program. Enclosed you will find an application for a partial campership. Please complete all parts of the application, include the required forms and attachments, and return to:

Camperships Awards Committee  
Camp Howe, Inc  
P. O. Box 326  
Goshen, MA 01032

Please mark the outside of your envelope **Attention- Confidential Information**. This will ensure that your application will remain confidential. Please remember to include the following items:

- **A Completed Application Form**
- **A copy of your most recent U.S. Individual Tax Return**
- **If you do not file taxes, please send appropriate documentation of Social Security Benefits, AFDC, etc...**
- **A written references other than relatives who are familiar with your situation (schools, work, church, etc...)**

Thank you again for your interest in Camp Howe, Inc. If you have any questions, please feel free to call me at 413-549-3969 or e-mail me at [executivedirector@camphowe.com](mailto:executivedirector@camphowe.com)

In the Spirit of camp,

Terrie Campbell  
Executive Director

# Campership Award Application

## Camp Howe, Inc.

Please fill out the entire application. Applications must be received by May 1. Applicants can expect to receive notification by June 1. Applications received after May 1 will be processed as they are received. All funding of campership awards is dependent on contributions from individuals or organizations. Funding for campership awards is limited and available for a PARTIAL campership for ONE WEEK only.

**Camper's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Guardian/Parent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Number of people in household:** \_\_\_\_\_

**Have you received a campership in the past? When?** \_\_\_\_\_

**Are you a 4-H Member? Where?** \_\_\_\_\_

**Have you applied for a campership at another camp?** \_\_\_\_\_

**Will you be attending another camp? If so, where?** \_\_\_\_\_

**Will you be receiving funding from another source (4-H Advisory Council, 4-H Club, 4-H Livestock Club, Social Service Agency, School, or other?) If so, how much?** \_\_\_\_\_

**Which week (s) are you applying to camp? And which program (Circle: Teen, ECHO, Junior/Middle)**

**Circle:** Week 1      Week 2      Week 3      Week 4      Week 5      Week 6      Week 7

**Program:**    Day    Junior      Teen      CIT      Echo Day      Echo Resident

**Amount of campership requested?** \_\_\_\_\_

**Other sources of Income/Support received or paid?** \_\_\_\_\_

**Please list two references who will be writing a letter of support. THESE LETTERS MUST ACCOMPANY YOUR APPLICATION.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ State/ Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ State/ Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

---

**Signature**

**Date**

**Please remember to include:**

**A copy of Tax Return or other documentation and a letters of reference**